

**FAMILY CHECKLIST for  
LITTLE HOSPICE ADMISSIONS**

Please bring the following information for – Admissions

- o Patient's Social Security Number
- o Patient's Insurance Cards
- o Patient's Medications + Current List
- o Patients' List of Drug Allergies or Special Health Alerts
- o Church Contact - Person & Phone #
- o Name, Address, Phone # of Physician to Follow (and sign death certificate)
- o Date Last Seen by above Physician (has to be within 180 days)
- o Mortuary Name & Phone Number
- o DNI/ DNR Form
- o POA
- o Healthcare Directive
- o Payment \$3,220 /week =(\$460 day-Check, VISA or MC)
- o Names, Addresses, Phone #'s of all Immediate Family & Friends for Contact  
...& Bereavement Follow-up